

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34581

NOV 8 1943 128
Registration District No.

Primary Registration District No. 2.000

Registrar's No.

858

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
In this community **26 years**
years, months or days)

3. (a) PRINT FULL NAME **LeRoy Barnhart**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **June 19, 1917**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
✓ 26 3 28 hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **On Farm**

11. Industry or business

12. Name **John Barnhart**

13. Birthplace **Seymour, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Cadie Points**

15. Birthplace **Stone County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs John Barnhart**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Oct. 20, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crane Mo.**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **10-20-43** (b) **S. W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rural, Springfield, S. Campbell Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 7** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17th**
year **1943** hour **10:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-15-43** to **10-17-43**
that I last saw him alive on **10-17** and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental - Fracture of skull 2**

Due to **highway 66**

Due to **Non-Collision**

Other conditions **Paralytic**
(Include pregnancy within 3 months of death)

Major findings: **Ames. 20 month of age**

Of operations

Of autopsy **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **10-15-43**

(c) Where did injury occur? **Greene Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
W. Highway 66 (Specify type of place)

(e) Means of injury **Automobile**

23. Signature **P. F. Zeman** (M. D. or other)

Address **Springfield, Mo.** Date signed **10-18-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lewis J Schaff

Licensed Embalmer No.....

3802

P. O. Address.....

Springfield, Mo
✓

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.